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		Attorney D cl	t Number	CAM3-PT051					
DECLARATION FOR UTILITY OR DESIGN		First Named I	nventor	Guderzo et al.					
PATENT APPLICATION			COMPLETE IF KNOWN						
(37 CFR 1.63)		Application Nu	mber Not Yet Known						
	Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Filing Date	No	t Yet Known					
☑ Declaration ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐		al Group Art Unit	No	t Yet Known					
with Initial Filing		Examiner Nan	Not Yet Known						
As a below named inventor, I hereby declare that:									
My residence, post office address, and citizenship are as stated below next to my name.									
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:									
ELECTRONICALLY SERVO-ASSISTED BICYCLE GEARSHIFT AND RELATED METHOD									
] []									
the specification of which (Title of the Invention)									
OR									
was filed on (MM/DD/YYYY) as United States Application Number or PCT International									
Application Number and was amended on (MM/DD/YYYY) (if applicable).									
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.									
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.									
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.									
Prior Foreign Application Number(s)			Priority Not Claimed	Certified Copy Attached? YES NO					
02425750.3	Europe	12/06/2002		1X3 🗆					
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:									
	under 35 U.S.C. 119(e) of any		al application(s)	listed below.					
Application Number	r(s) Filing Date	(MM/DD/YYYY)	Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.						
1									

[Page 1 of 3]
Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. 1450, Alexandria, VA 22313-1450.

City

Additional inventors are being named on the

Country

1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

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Utility or Design Patent Application DECLARATION -I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filling date of the prior application and the national or PCT international filing date of this application. **Parent Patent Number** U.S. Parent Application or PCT Parent **Parent Filing Date** (MM/DD/YYYY) (if applicable) Number Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto. As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Pater and Trademark Office connected therewith: Customer Number 3624 Place Customer Number Bar Code Label here Registered practitioner(s) name/registration number listed below Registration Registration Name Number Name Number Namely, the Attorneys of Volpe and Koenig, P.C. Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto. Direct all correspondence to: X Customer Number 3624 OR Correspondence address below or Bar Code Label VOLPE AND KOENIG, P.C. Name Address <u>Address</u> City State ZIP Telephone Fax I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. A petition has been filed for this unsigned inventor Name of Sole or First Inventor: Given Name (first and middle [if any]) Family Name or Surname Guderzo Gianfranco Inventor's M-08.02 welson Date Signature Mar Italy Italy Vicenza Residence: City Country Citizenship via Santa Chiara, 9 Post Office Address Post Office Address 1-36071 Vicenza Italy

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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page _3_ of _3_

Name of Additional Joint Inventor, if ar	ıy:	☐ A petition has been filed for this unsigned inventor							
Given Name (first and middle [if any])			Family Name or Surname						
Giuseppe			Dal Pra'						
Inventor's Giazeppe Doliz				Date .11/09/03					
Residence: City Vicenza	State		Country Itly		Citizenship Italy				
Mailing Address via G. Verdi, 11/A									
Mailing Address									
city Vicenza	State		ZIP I-36010	Coun	try Itly				
Name of Additional Joint Inventor, if any:									
Given Name (first and middle [if any])	Family Name or Surname			Surname				
Inventor's Signature		Date							
Residence: City	State	Country			Citizenship				
Mailing Address									
Mailing Address									
	T								
City	State		ZIP	Co	untry				
Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor									
Given Name (first and middle [if any])		Family Name or Surname							
Inventor's Signature				Date					
Residence: City	State		Country		Citizenship				
Mailing Address									
Mailing Address									
City	State		ZIP C		country				

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